## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/583498

											- 05 .	<b>7 G</b>
CLAIMS AS FILED - PART I								SMALL EN	ITITY	, OF		R THAN
-			(Colur	nn 1)	<del></del>	(Column 2)	٦	TIPE		OR	SMALL	ENTITY
U.S. NATIONAL STAGE FEES					<u> </u>			RATE	FEE		RATE	FEE
BASIC FEE			SMALL EN		İ.	RGE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	300
EXAMINATION FEE			(4) = \$ 5	0 / \$ 100	1	other situations = \$ 100 / \$ 200	i	EXAM. FEE		-	EXAM, FEE	200
SEARCH FEE			U.S. Is ISA = ALL other co \$ 200 /	ountries =	All C	other situations = \$ 250 / \$ 500		SEARCH FEE			SEARCH FEE	400
FEE FOR EXTRA SPEC. PGS.			minus 100 =			/ 50 <del>=</del>		X \$ 125 =		1	X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			5 m	inus 20 =	•			X \$ 25 =		OR	X \$ 50 =	<del> </del>
INDEPENDENT CLAIMS			1	ninus 3 =	*			X \$ 100 =	<u> </u>	OR	X \$ 200 =	
MU	LTIPLE DEPEN	IDENT CLAIM PR	ESENT				1	+ \$ 180 =		OR	+ \$ 360 =	<del> </del>
* If the difference in column 1 is less than zero, e					" in co	olumn 2	J 1	TOTAL		OR	TOTAL	<u> </u>
		CLAIMS AS	AMENDED	DA ÖZ						<b>-d</b>		I
					R I II lumn 2) (Column 3)			SMALL	ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	"ADDI- TIONAL FEE		RATE	ADDI-" TIONAL FEE
	Total	*	Minus .	**		H		X \$ 25 =		OR	X \$ 50 =	
	Independent.	*	Minus	***		=		X \$ 100 =		OR.	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
e						J	ı. P	FEE	<u></u>	OR	TOTAL ADDIT. FEE	
		(Column 1)	•		<b>0</b> \	(0.1					,	
X		CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMBI PREVIOU PAID F	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =	- 1	OR	X \$ 50 =	
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
								OTAL ADDIT. FEE		OR 1	TOTAL ADDIT. FEE	
	•											
*** (	If the "Highest Nu If the "Highest Nu	nn 1 is less than the mber Previously Paid mber Previously Paid ber Previously Paid	For IN THIS SP.	ACE is less t ACE is less t	han '20'. han '3'.	', enter "20". enter "3"	n the a	appropriate box	In column 1.			

FORM PTO-875 (Rev. 02/2005)